



2012 Hart Ransom Tee Ball Application

Registration: January 21, 2012 and January 28, 2012

Coach _____

Voucher # _____

This form should be completed, printed and brought with you on registration day. Space is limited and registration is based on a first-come, first-served basis. Submitting this form electronically does not reserve your child's space. You must attend the registration and pay the fees. Bring a copy of birth certificate to verify age of athlete. Visit the Web site, <http://hr-baseballclub.org> to see important information, schedules newsletters, forms, etc. Please email any questions to info@hr-baseballclub.org.

Player Information

Name: _____

Birth Date: _____

Age as of April 30, 2012: _____

School: _____

Did You Play at Hart Ransom Last Year: Yes No

Parent/Guardian Name: _____

Contact Information

Street Address: _____

City/State/ZIP: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Siblings' Names: _____

____ AUTHORIZATION FOR EMERGENCY TREATMENT

In the event of any injury or sickness occurring during any Hart-Ransom baseball games or activities, you authorize any official(s) of the Hart-Ransom Baseball Club to administer first aid, and if necessary to transport you child to a duly licensed physician or to a hospital to administer emergency treatment. If your child's physician can be reached, the named physician on your application will be contacted. By checking and signing this Hart-Ransom Baseball application, you give your consent of your child's participation in any and all of the activities of the Hart-Ransom during this 2010 season. You release the Hart-Ransom Baseball Club or any person(s) connected with the Club of any responsibility for accident or injury incurred as a result of his or her participation in any and all activities, including transportation to and from games and/or activities of the Hart-Ransom Baseball Club.
Signature: _____

____ AUTHORIZATION TO PUBLISH CHILD'S PICTURE

Hart-Ransom Baseball Club and various parents will take photographs of athletes, singly or in a group to post on the website. Athletes' names will not be posted. By checking and signing this Hart-Ransom Baseball application, you give your consent to allow any pictures taken during any Hart-Ransom Baseball activity be posted on the Hart-Ransom Baseball Club Web site.
Signature: _____

Physician Information:

Name: _____

Organization: _____

Street Address: _____

City: _____

Phone: _____

In Case of Emergency Contact: _____

Select the Following Areas Where You Would Like to Participate:

- Coaching
 Assistant Coaching
 Field Maintenance
 Special Events
 Umpire
 Snack Bar
 Apparel Booth

Uniform Pants

Pants are not provided for T-Ball
 Check with your coach for pant color. No shorts allowed.

Uniform Shirt size

<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	<input type="checkbox"/> YXL
<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AL	<input type="checkbox"/> AXL

Pay Option

\$65 flat Registration fee

Pay Fee By:

Cash

Check (ck # _____) (ck amount _____)
 (\$25 fee will be collected for returned checks)